

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VOTE 2 REDUCE DEBT (V2RD)

ADDRESS (number and street)

1005 CONGRESS AVE STE 350

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00563064

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☒October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. KENNETH W. DAVIS JR.

Signature of Treasurer

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VOTE 2 REDUCE DEBT (V2RD)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2014 To: M M / D D / Y Y Y Y Y Y
09 30 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 332376.24 | |
| (c) Total Receipts (from Line 19) | 1458810.35 | 2057217.79 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1791186.59 | 2057217.79 |
| 7. Total Disbursements (from Line 31) | 1561127.95 | 1827159.15 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 230058.64 | 230058.64 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VOTE 2 REDUCE DEBT (V2RD)

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 4 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1457161.65 | 2054361.65 |
| (ii) Unitemized | 1101.00 | 2304.01 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 1458262.65 | 2056665.66 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1458262.65 | 2056665.66 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 534.31 | 534.31 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 13.39 | 17.82 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1458810.35 | 2057217.79 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1458810.35 | 2057217.79 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 596885.10 | 822916.30 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 596885.10 | 822916.30 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 964242.85 | 1004242.85 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1561127.95 | 1827159.15 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1561127.95 | 1827159.15 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1458262.65 | 2056665.66 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1458262.65 | 2056665.66 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 596885.10 | 822916.30 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 534.31 | 534.31 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 596350.79 | 822381.99 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Stephen Castle

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Dike Fine Art LLC

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City State Zip Code
FORT WORTH TX 76101FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ken Davis Finance

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578320.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period

320.50

In-kind - Airfare for Presentation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1320.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 121

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579104.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11AI.5069

Amount of Each Receipt this Period

783.80

In-kind - Airfare for Conference

Full Name (Last, First, Middle Initial)

B. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580220.70

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

1116.40

In-kind - Airfare for Conference

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769449.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

189228.70

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191128.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260785.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period

491336.00

Full Name (Last, First, Middle Initial)

B. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303341.77

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

42556.37

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1439894.10

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

136552.33

SUBTOTAL of Receipts This Page (optional)..... ►

670444.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 121

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1839894.10

Date of Receipt

09 / 04 / 2014

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period

400000.00

Full Name (Last, First, Middle Initial)

B. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1839916.15

Date of Receipt

09 / 17 / 2014

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period

22.05

In-kind - Shipping Costs

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923222.15

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.5091

Amount of Each Receipt this Period

83306.00

SUBTOTAL of Receipts This Page (optional)..... ►

483328.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City State Zip Code
 FORT WORTH TX 76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1982411.65

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period

59189.50

Full Name (Last, First, Middle Initial)

B. Mr. Neil Florer

Mailing Address 3311 Stanolind

City State Zip Code
 Midland TX 79707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randy Hardin

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.5075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59689.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 121

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Charlie Harris

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SOS Environmental Inc

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Becky Williams

Mailing Address

City

State

Zip Code

Fort Worth

TX

76148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51250.00

1457161.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 121

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 1 ADP Blvd

Ste 1

City

Roseland

State

NJ

Zip Code

07068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA15.5212

Amount of Each Receipt this Period

459.00

Reversal of Tax Deduction

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

459.00

459.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)

A. 815 Houston L.P.

Mailing Address 2501 Parkview

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Fort Worth | TX | 76102 |

| Purpose of Disbursement |
|-------------------------|
| Rent |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.5439

Amount of Each Disbursement this Period

1810.87

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 5014

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Carol Stream | IL | 60197 |

| Purpose of Disbursement |
|-------------------------|
| Internet Bill |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5437

Amount of Each Disbursement this Period

132.55

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 5014

| City | State | Zip Code |
|--------------|-------|----------|
| Carol Stream | IL | 60197 |

| Purpose of Disbursement | Phone Bill |
|-------------------------|------------|
| | |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
07 23 2014

Transaction ID : SB21B.5438

Amount of Each Disbursement this Period

215.87

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2159.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 947

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| American Fort | UT | 84003 |

Purpose of Disbursement
Merchant Fees

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : SB21B.5127

Amount of Each Disbursement this Period

| |
|--------|
| 136.14 |
|--------|

Full Name (Last, First, Middle Initial)

B. B&H

Mailing Address 420 Ninth Avenue

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10001 |

Purpose of Disbursement
Presentation Screen and Equipment

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 25 | / | 2014 |

Transaction ID : SB21B.5442

Amount of Each Disbursement this Period

| |
|--------|
| 569.13 |
|--------|

Full Name (Last, First, Middle Initial)

C. ccAdvertisingMailing Address 14001C Saint German Dr
Ste 353

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Centerville | VA | 20121 |

Purpose of Disbursement
Call Surveys and Get Out the Vote

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 01 | / | 2014 |

Transaction ID : SB21B.4376

Amount of Each Disbursement this Period

| |
|----------|
| 50000.00 |
|----------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 50705.27 |
|----------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Christy Cromwell

Mailing Address 6245 Rufe Snow Dr

City Fort Worth State TX Zip Code 76148

Purpose of Disbursement
Locksmith

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 28 2014
Transaction ID : SB21B.5448

Amount of Each Disbursement this Period

214.00

Full Name (Last, First, Middle Initial)

B. Color Press

Mailing Address 2103 Parkview Dr

City Fort Worth State TX Zip Code 76185

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 16 2014
Transaction ID : SB21B.5451

Amount of Each Disbursement this Period

252.73

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City FORT WORTH State TX Zip Code 76101

Purpose of Disbursement
In-kind - Airfare for Presentation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014
Transaction ID : SB21B.5066

Amount of Each Disbursement this Period

320.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

787.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76101 |

Purpose of Disbursement
In-kind - Airfare for Conference

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 21 | / | 2014 |

Transaction ID : SB21B.5070

Amount of Each Disbursement this Period

| |
|--------|
| 783.80 |
|--------|

Full Name (Last, First, Middle Initial)

B. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76101 |

Purpose of Disbursement
In-kind - Airfare for Conference

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 22 | / | 2014 |

Transaction ID : SB21B.5072

Amount of Each Disbursement this Period

| |
|---------|
| 1116.40 |
|---------|

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76101 |

Purpose of Disbursement
In-kind - Shipping Costs

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 17 | / | 2014 |

Transaction ID : SB21B.5090

Amount of Each Disbursement this Period

| |
|-------|
| 22.05 |
|-------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 1922.25 |
|---------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)

A. Farmers & Parkers LP

300.00

State: District:

B. FedEx

07 / 01 / 2014

State: District:

C. FedEx

07 / 03 / 2014

State: District:

116.04

525.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. FedEx

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 1 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 3875 Airways Module H3
Dept 4634

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Reimbursement for Printing and Presentation Supplies - M Hamilton

Candidate Name

Category/
Type**Transaction ID : SB21B.5485**

Amount of Each Disbursement this Period

265.74

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FedEx

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 1 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 3875 Airways Module H3
Dept 4634

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Reimbursement for Printing and Presentation Supplies - M. Hamilton

Candidate Name

Category/
Type**Transaction ID : SB21B.5486**

Amount of Each Disbursement this Period

116.64

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FedEx

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 3 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 3875 Airways Module H3
Dept 4634

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type**Transaction ID : SB21B.5454**

Amount of Each Disbursement this Period

38.16

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 3 | 8 | 1 | 6 | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Marcie Finney

Mailing Address 2508 College Ave

City Fort Worth State TX Zip Code 76110

Purpose of Disbursement
Services for Printing and Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2014
Transaction ID : SB21B.5481

Amount of Each Disbursement this Period

1909.00

Full Name (Last, First, Middle Initial)

B. Marcie Finney

Mailing Address 2508 College Ave

City Fort Worth State TX Zip Code 76110

Purpose of Disbursement
Services for Printing and Design

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2014
Transaction ID : SB21B.4607

Amount of Each Disbursement this Period

733.28

Full Name (Last, First, Middle Initial)

C. Four Color Press

Mailing Address 2904 Cullen St

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : SB21B.5460

Amount of Each Disbursement this Period

445.42

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3087.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Four Color Press

Mailing Address 2904 Cullen St

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Fort Worth | TX | 76107 |

Purpose of Disbursement
Printing

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 29 | | 2014 |

Transaction ID : SB21B.5459

Amount of Each Disbursement this Period

| |
|--------|
| 252.44 |
|--------|

Full Name (Last, First, Middle Initial)

B. Shana Franklin

Mailing Address 13 Gleneagle Cir

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Napa | CA | 94558 |

Purpose of Disbursement
Grassroots Consulting

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 09 | | 2014 |

Transaction ID : SB21B.5515

Amount of Each Disbursement this Period

| |
|--------|
| 806.40 |
|--------|

Full Name (Last, First, Middle Initial)

C. Ephraim Froelich

Mailing Address 1785 Evergreen Ave

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Juneau | AK | 99801 |

Purpose of Disbursement
GOTV Consultant Fees and Expenses

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 12 | | 2014 |

Transaction ID : SB21B.5131

Amount of Each Disbursement this Period

| |
|--------|
| 876.54 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 1935.38 |
|---------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Gober Hilgers PLLC

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 8 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type**Transaction ID : SB21B.5463**

Amount of Each Disbursement this Period

8453.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. GotPrint

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 3 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 7651 N San Fernando Rd

City Burbank State CA Zip Code 91505

Purpose of Disbursement
Printing

Candidate Name

Category/
Type**Transaction ID : SB21B.5464**

Amount of Each Disbursement this Period

498.83

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Monica Hamilton

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 1 | | | 2 | 0 | 1 | 4 | | |

Mailing Address 6112 Zephyr Way
Apt 1713

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB21B.5528**

Amount of Each Disbursement this Period

2000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10952.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Monica Hamilton

Mailing Address 6112 Zephyr Way
Apt 1713

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SB21B.5542

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Monica Hamilton

Mailing Address 6112 Zephyr Way
Apt 1713

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 15 / 2014

Transaction ID : SB21B.5536

Amount of Each Disbursement this Period

2043.75

Full Name (Last, First, Middle Initial)

C. Janee Hill

Mailing Address 411 W 7th St
Apt 1007

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SB21B.5529

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10043.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Janee Hill

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 2 | 4 | | | | | 2 | 0 | 1 |

Mailing Address 411 W 7th St
Apt 1007

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Reimbursement for Mileage

Candidate Name

Category/
Type**Transaction ID : SB21B.5472**

Amount of Each Disbursement this Period

110.42

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Janee Hill

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | | 0 | 1 | | | | | 2 | 0 | 1 |

Mailing Address 411 W 7th St
Apt 1007

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB21B.5550**

Amount of Each Disbursement this Period

6000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Randal Hill

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 0 | 1 | | | | | 2 | 0 | 1 |

Mailing Address 411 W 7th St
Apt 1007

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB21B.5530**

Amount of Each Disbursement this Period

9000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15110.42

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)

A. Randal Hill

Date of Disbursement

Mailing Address 411 W 7th St
Apt 1007

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Fort Worth | TX | 76102 |

Transaction ID : SB21B.5555

| Purpose of Disbursement | Salary |
|-------------------------|--------|
| | |

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Randal Hill

Date of Disbursement

Mailing Address 411 W 7th St
Apt 1007

Three digital displays showing the date 08/01/2014 in MM/DD/YYYY format. The first display shows '08' with 'M' indicators above it. The second display shows '01' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Fort Worth | TX | 76102 |

Transaction ID : SB21B.5556

| Purpose of Disbursement | Salary |
|-------------------------|--------|
| | |

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Full Name (Last, First, Middle Initial)

C. Jim Miller

Date of Disbursement

Mailing Address 2633 Shoreline Dr

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Abilene | TX | 79602 |

Transaction ID : SB21B.5475

| Purpose of Disbursement |
|---------------------------|
| Reimbursement for Mileage |

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

18166.88

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Jim Miller

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 09 | | 2014 |

Mailing Address 2633 Shoreline Dr

Transaction ID : SB21B.5476

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Abilene | TX | 79602 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Accounting ServicesCategory/
Type

| |
|--------|
| 300.00 |
|--------|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

B. Ric Mulligan

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 25 | | 2014 |

Mailing Address 10266 Casa View Dr

Transaction ID : SB21B.5513

Amount of Each Disbursement this Period

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Dallas | TX | 75228 |

Purpose of Disbursement
Production Services and ConsultingCategory/
Type

| |
|--------|
| 250.00 |
|--------|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

C. Office Depot

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 11 | | 2014 |

Mailing Address 6600 N Military Trail

Transaction ID : SB21B.5491

Amount of Each Disbursement this Period

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Boca Raton | FL | 33496 |

Purpose of Disbursement
Office SuppliesCategory/
Type

| |
|-------|
| 81.44 |
|-------|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 631.44 |
|--------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)



Percentage of respondents

13.06

Category/
Type

09 / 26 / 2014

1364.33

Category/
Type

101.68

Category/
Type

1479.07

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
VOTE 2 REDUCE DEBT (V2RD)

A. OMNIAMERICAN

Mailing Address 1320 S UNIVERSITY DR
STE 110

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76107 |

Transaction ID : SB21B.5223

| Purpose of Disbursement | Bank Fee |
|-------------------------|----------|
| | |

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. OMNIAMERICAN

Mailing Address 1320 S UNIVERSITY DR
STE 110

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76107 |

Transaction ID : SB21B.5225

[illegible]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.12

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

C. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Transaction ID : SB21B.5531

| | |
|-------------------------|---------------------------------------|
| Purpose of Disbursement | Media Consulting and Broadcast Talent |
|-------------------------|---------------------------------------|

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6000.00

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Purpose of Disbursement
Media Consulting and Broadcast Talent

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 15 | | 2014 |

Transaction ID : SB21B.5544

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Purpose of Disbursement
Media Consulting and Broadcast Talent

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

Transaction ID : SB21B.5545

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Purpose of Disbursement
Media Consulting and Broadcast Talent

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 15 | | 2014 |

Transaction ID : SB21B.5546

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 18000.00 |
|----------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Purpose of Disbursement
Media Consulting and Broadcast Talent

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 29 | | 2014 |

Transaction ID : SB21B.5547

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. One Degree LLC

Mailing Address 6911 Marina Shores Ct

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | TX | 77016 |

Purpose of Disbursement
Media Consulting and Broadcast Talent

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 15 | | 2014 |

Transaction ID : SB21B.5548

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Colorado Springs | CO | 80919 |

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 01 | | 2014 |

Transaction ID : SB21B.4364

Amount of Each Disbursement this Period

| |
|---------|
| 7500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 19500.00 |
|----------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 23 2014
Transaction ID : SB21B.5501

Amount of Each Disbursement this Period

18000.00

Full Name (Last, First, Middle Initial)

B. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 12 2014
Transaction ID : SB21B.5502

Amount of Each Disbursement this Period

18000.00

Full Name (Last, First, Middle Initial)

C. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 12 2014
Transaction ID : SB21B.5504

Amount of Each Disbursement this Period

681.92

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36681.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2014
Transaction ID : SB21B.5503

Amount of Each Disbursement this Period

1318.15

Full Name (Last, First, Middle Initial)

B. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014
Transaction ID : SB21B.5505

Amount of Each Disbursement this Period

18000.00

Full Name (Last, First, Middle Initial)

C. PERSON TO PERSON PAC

Mailing Address PO BOX 49336

City COLORADO SPRINGS State CO Zip Code 80494

Purpose of Disbursement
Management Services Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2014
Transaction ID : SB21B.4616

Amount of Each Disbursement this Period

49500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68818.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Razor Advertising & Interactive

Mailing Address 1128 Nighthawk Rd

City Fort Worth State TX Zip Code 76108

Purpose of Disbursement
Design and Graphics Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014
Transaction ID : SB21B.5514

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
In-kind - Airfare for Presentation K. Davis

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : SB21B.5124

Amount of Each Disbursement this Period

320.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Square Inc.Mailing Address 1455 Market Street
Ste 600

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

12.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

462.85

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 500 Staples Dr

City Farmingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB21B.5435

Amount of Each Disbursement this Period

284.52

Full Name (Last, First, Middle Initial)

B. Strategic Media 21

Mailing Address 560 S. Winchester Blvd
Ste 500

City San Jose State CA Zip Code 95128

Purpose of Disbursement
Social Media Consulting and Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB21B.5506

Amount of Each Disbursement this Period

51000.00

Full Name (Last, First, Middle Initial)

C. Strategic Media 21

Mailing Address 560 S. Winchester Blvd
Ste 500

City San Jose State CA Zip Code 95128

Purpose of Disbursement
Social Media Consulting and Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SB21B.5584

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61284.52

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

VOTE 2 REDUCE DEBT (V2RD)

Category/
Type

122000.00

State: District:

MM / DD / YYYY

Category/
Type

118000.00

State: District:

Category/
Type

783.80

State: District:

240000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Travelocity USA

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement
In-kind - Airfare for Conference

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 22 2014
Transaction ID : SB21B.5126

Amount of Each Disbursement this Period

1116.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 01 2014
Transaction ID : SB21B.5532

Amount of Each Disbursement this Period

688.50

Full Name (Last, First, Middle Initial)

C. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 01 2014
Transaction ID : SB21B.5572

Amount of Each Disbursement this Period

546.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1234.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 01 2014
Transaction ID : SB21B.5573

Amount of Each Disbursement this Period

219.00

Full Name (Last, First, Middle Initial)

B. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 15 2014
Transaction ID : SB21B.5560

Amount of Each Disbursement this Period

688.50

Full Name (Last, First, Middle Initial)

C. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 15 2014
Transaction ID : SB21B.5574

Amount of Each Disbursement this Period

459.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1366.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 121

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20220 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Tax Payments

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 15 | | 2014 |

Transaction ID : SB21B.5575

Amount of Each Disbursement this Period

| |
|--------|
| 219.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20220 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Tax Payments

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 30 | | 2014 |

Transaction ID : SB21B.5138

Amount of Each Disbursement this Period

| |
|------|
| 1.15 |
|------|

Full Name (Last, First, Middle Initial)

C. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20220 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Tax Payments

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

Transaction ID : SB21B.5576

Amount of Each Disbursement this Period

| |
|--------|
| 213.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

433.15

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
VOTE 2 REDUCE DEBT (V2RD)

A. US Treasury

Category/
Type

688.50

State: District:

B. US Treasury

08 / 01 / 2014

Category/
Type

State: District:

459.00

C. US Treasury

Category/
Type

State: District:

247.26

1394.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014
Transaction ID : SB21B.5139

Amount of Each Disbursement this Period

1.59

Full Name (Last, First, Middle Initial)

B. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014
Transaction ID : SB21B.5563

Amount of Each Disbursement this Period

153.00

Full Name (Last, First, Middle Initial)

C. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014
Transaction ID : SB21B.5537

Amount of Each Disbursement this Period

156.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.93

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 121

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SB21B.5140

Amount of Each Disbursement this Period

0.99

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.99

595706.45

| | | | |
|---|--|--|-------------------------------------|
| Full Name of Payee Atterra 25 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 526 39th St | | Amount 2560.00 | |
| City Des Moines | State IA | Zip Code 50312 | Transaction ID : SE.4472 |
| Purpose of Expenditure Office Space Rental | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate JONI K ERNST | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶ | District: _____ State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought | 82730.59 | | |
| Disbursement For: | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 6760.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Calder Group LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | | |
| Mailing Address PO Box 552 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Portland | | State MI | Zip Code 48875 | | Transaction ID : SE.4463 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 22 / 2014</div> | |
| Name of Federal Candidate TERRI LYNN LAND | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MI</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">53075.35</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Calder Group LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | | |
| Mailing Address PO Box 552 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Portland | | State MI | Zip Code 48875 | | Transaction ID : SE.4465 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div> | |
| Name of Federal Candidate TERRI LYNN LAND | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MI</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">105503.93</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15000.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|--|---------------|---|---|
| Full Name of Payee Calder Group LLC [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address PO Box 552 | | Amount 7500.00 | |
| City Portland | State MI | Zip Code 48875 | Transaction ID : SE.5260 |
| Purpose of Expenditure Media Election Consulting | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| | | 166373.43 | |

| | | | |
|---|---------------|---|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1071.42 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4457 |
| Purpose of Expenditure Voter ID Call Centers | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| | | 5574.93 | |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1071.42 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount 1071.42 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4461 | |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought 1071.42 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount 1071.43 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4474 | |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought 5574.94 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 2142.85 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. Signature _____ | | | | |
| [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1071.42 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4476 |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought | | 1071.42 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1071.42 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4482 |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 |
| Name of Federal Candidate THOMAS COTTON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 1071.42 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2142.84 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>24</div><div>2014</div></div> | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1071.42</div> | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4489 |
| Purpose of Expenditure Voter ID Call Centers | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>12</div><div>2014</div></div> | |
| Name of Federal Candidate WILLIAM CASSIDY | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>24</div><div>2014</div></div> | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1071.42</div> | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4495 |
| Purpose of Expenditure Voter ID Call Centers | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>12</div><div>2014</div></div> | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2142.84</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|---------------|--|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 30928.58 |
| City Centerville | State VA | Zip Code 20121 |
| Purpose of Expenditure Voter ID Call Centers | Category/Type | Transaction ID : SE.4459 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014 |
| Name of Federal Candidate THOM R TILLIS | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 86851.05 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---------------|--|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 43428.58 |
| City Centerville | State VA | Zip Code 20121 |
| Purpose of Expenditure Voter ID Call Centers | Category/Type | Transaction ID : SE.4462 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014 |
| Name of Federal Candidate TERRI LYNN LAND | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 98003.93 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 74357.16 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12428.57</div> | | |
| City Centerville | | State VA | Zip Code 20121 | | Transaction ID : SE.4475 |
| Purpose of Expenditure Voter ID Call Centers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div> | |
| Name of Federal Candidate JONI K ERNST | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>IA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">72670.59</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18928.58</div> | | |
| City Centerville | | State VA | Zip Code 20121 | | Transaction ID : SE.4477 |
| Purpose of Expenditure Voter ID Call Centers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div> | |
| Name of Federal Candidate CORY GARDNER | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">79807.42</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31357.15</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Mr. KENNETH W. DAVIS JR.</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563064</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> | | | | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6928.58</div> | |
| City Centerville | | State VA | Zip Code 20121 | |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | Transaction ID : SE.4483 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div> | |
| Name of Federal Candidate THOMAS COTTON | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">63409.93</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee ccAdvertising | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | |
| Mailing Address 14001C Saint German Dr Ste 353 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13428.58</div> | |
| City Centerville | | State VA | Zip Code 20121 | |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | Transaction ID : SE.4492 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div> | |
| Name of Federal Candidate WILLIAM CASSIDY | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">62753.93</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">20357.16</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. <div style="text-align: right;">[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div></div> <div style="text-align: right;">Signature</div> | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1928.58 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4496 |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | 59203.93 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1092.42 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4588 |
| Purpose of Expenditure Voter ID Lists | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | 75296.35 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 3021.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

| | | | |
|---|-------------|--|---|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1171.43 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4590 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Purpose of Expenditure Voter ID Lists | | Category/ Type | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 103478.85 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2247.86 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 121
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY | |
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 3021.43 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4591 |
| Purpose of Expenditure Voter ID Lists | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 6076.43 | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4593 |
| Purpose of Expenditure Voter ID Lists | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate WILLIAM CASSIDY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 9097.86 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Mr. KENNETH W. DAVIS JR. | | [Electronically Filed] | |
| Signature | | Date MM / DD / YYYY 10 / 15 / 2014 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 59 OF 121
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-------------------|--|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1093.93 |
| City Centerville | State VA | Zip Code 20121 |
| Purpose of Expenditure Voter ID Lists | Category/ Type | Transaction ID : SE.4594 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate TERRI LYNN LAND | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-------------------|--|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount 1071.43 |
| City Centerville | State VA | Zip Code 20121 |
| Purpose of Expenditure Voter ID Lists | Category/ Type | Transaction ID : SE.4705 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate THOM R TILLIS | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 2165.36 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Empire Building LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div> | | |
| Mailing Address PO Box 8050 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2847.12</div> | | |
| City Greensboro | | State NC | Zip Code 27419 | | Transaction ID : SE.4560 |
| Purpose of Expenditure Office Space Rental | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 28 / 2014</div> | |
| Name of Federal Candidate THOM R TILLIS | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55922.47</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |
| Full Name of Payee Marcie Finney | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div> | | |
| Mailing Address 2508 College Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">571.43</div> | | |
| City Fort Worth | | State TX | Zip Code 76110 | | Transaction ID : SE.4608 |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div> | |
| Name of Federal Candidate DAN SULLIVAN | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75867.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3418.55</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | | |
| Full Name of Payee Marcie Finney | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 2508 College Ave | | | Amount 571.43 | | |
| City State Zip Code Fort Worth TX 76110 | | Transaction ID : SE.4609 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | | | |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Category/ Type | | | |
| Name of Federal Candidate THOMAS COTTON | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 87557.79 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Marcie Finney | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 2508 College Ave | | | Amount 571.43 | | |
| City State Zip Code Fort Worth TX 76110 | | Transaction ID : SE.4610 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | | | |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Category/ Type | | | |
| Name of Federal Candidate CORY GARDNER | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 104050.28 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 1142.86 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|-------------|--|
| Full Name of Payee Marcie Finney | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 2508 College Ave | | Amount 571.43 |
| City Fort Worth | State TX | Zip Code 76110 |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Transaction ID : SE.4611 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 |
| Name of Federal Candidate JONI K ERNST | | Category/Type |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |
| | | 101323.45 |

| | | |
|--|-------------|--|
| Full Name of Payee Marcie Finney | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 2508 College Ave | | Amount 571.43 |
| City Fort Worth | State TX | Zip Code 76110 |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Transaction ID : SE.4612 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | | Category/Type |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |
| | | 91901.79 |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1142.86 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Marcie Finney | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2508 College Ave | | Amount 571.43 | |
| City Fort Worth | State TX | Zip Code 76110 | Transaction ID : SE.4613 |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | 122169.29 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Marcie Finney | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2508 College Ave | | Amount 571.43 | |
| City Fort Worth | State TX | Zip Code 76110 | Transaction ID : SE.4614 |
| Purpose of Expenditure Services for Printing and Design of Door Hanger | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 110993.91 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1142.86 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 121
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | MM / DD / YYYY | | |
| Full Name of Payee Forget Properties LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 4214 Fleur Dr Ste 13 | | | Amount 7166.66 | | |
| City Des Moines | | State IA | Zip Code 50321 | | Transaction ID : SE.4468 |
| Purpose of Expenditure Office Space Rental | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014 | | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 60242.02 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Ephraim Froelich | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 1785 Evergreen Ave | | | Amount 7500.00 | | |
| City Juneau | | State AK | Zip Code 99801 | | Transaction ID : SE.4499 |
| Purpose of Expenditure Media Election Consulting | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2014 | | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | | |
| Calendar Year-To-Date Per Election for Office Sought | | 53075.35 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 14666.66 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. Signature | | | | | |
| [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | MM / DD / YYYY | |
| Full Name of Payee Ephraim Froelich | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 1785 Evergreen Ave | | Amount 7500.00 | | |
| City Juneau | State AK | Zip Code 99801 | Transaction ID : SE.4497 | |
| Purpose of Expenditure Media Election Consulting | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | |
| Calendar Year-To-Date Per Election for Office Sought | | 98719.38 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Ephraim Froelich [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 1785 Evergreen Ave | | Amount 7500.00 | | |
| City Juneau | State AK | Zip Code 99801 | Transaction ID : SE.5265 | |
| Purpose of Expenditure Media Election Consulting | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014 | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | |
| Calendar Year-To-Date Per Election for Office Sought | | 121970.53 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 7500.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. Signature | | | | |
| [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | | | |

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4497

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number

Form/Schedule: SE

Transaction ID: SE.5265

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Matt Mercer | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 24 / 2014 | | |
| Mailing Address PO Box 612 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Madison | | State NC | Zip Code 27025 | | Transaction ID : SE.4455 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 22 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">53075.35</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |
| Full Name of Payee Matt Mercer | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 24 / 2015 | | |
| Mailing Address PO Box 612 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Madison | | State NC | Zip Code 27025 | | Transaction ID : SE.4458 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">94351.05</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15000.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ► | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2014 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Matt Mercer [MEMO ITEM] | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |
| Mailing Address PO Box 612 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Madison | State NC | Zip Code 27025 | Transaction ID : SE.5271 | | |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Name of Federal Candidate THOM R TILLIS | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">141468.94</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Newburgh/Six Mile Limited Partnership II | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |
| Mailing Address 17800 Laurel Park Dr N Ste 200C | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1500.00</div> | | |
| City Livonia | State MI | Zip Code 48152 | Transaction ID : SE.4466 | | |
| Purpose of Expenditure Office Space Rental | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Name of Federal Candidate TERRI LYNN LAND | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54575.35</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1500.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Office Depot | | | Date of Public Distribution/Dissemination 09 / 18 / 2014 | | |
| Mailing Address 6600 N Military Trail | | | Amount 1298.66 | | |
| City Boca Raton | | State FL | Zip Code 33496 | | Transaction ID : SE.4604 |
| Purpose of Expenditure Supplies for Phone Centers | | Category/Type | | Date of Disbursement or Obligation 09 / 11 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 126578.28 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Office Depot | | | Date of Public Distribution/Dissemination 09 / 18 / 2014 | | |
| Mailing Address 6600 N Military Trail | | | Amount 123.76 | | |
| City Boca Raton | | State FL | Zip Code 33496 | | Transaction ID : SE.5005 |
| Purpose of Expenditure Supplies for Phone Centers | | Category/Type | | Date of Disbursement or Obligation 09 / 11 / 2014 | |
| Name of Federal Candidate CORY GARDNER | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 118850.79 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 1422.42 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | Date 10 / 15 / 2014 [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Office Depot | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 18 / 2014</div> | | |
| Mailing Address 6600 N Military Trail | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">466.01</div> | | |
| City Boca Raton | | State FL | Zip Code 33496 | | Transaction ID : SE.5006 |
| Purpose of Expenditure Supplies for Phone Centers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 11 / 2014</div> | |
| Name of Federal Candidate THOMAS COTTON | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>AR</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">103345.92</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Office Depot | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 18 / 2014</div> | | |
| Mailing Address 6600 N Military Trail | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">14.63</div> | | |
| City Boca Raton | | State FL | Zip Code 33496 | | Transaction ID : SE.5007 |
| Purpose of Expenditure Supplies for Phone Centers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 11 / 2014</div> | |
| Name of Federal Candidate WILLIAM CASSIDY | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">107241.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">480.64</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 15 / 2014</div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|--|--|
| Full Name of Payee Office Depot | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 |
| Mailing Address 6600 N Military Trail | | Amount 12.97 |
| City Boca Raton | State FL | Zip Code 33496 |
| Purpose of Expenditure Supplies for Phone Centers | Category/Type | Transaction ID : SE.5009 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014 |
| Name of Federal Candidate TERRI LYNN LAND | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | 137013.05 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|--|--|
| Full Name of Payee Peak Political Solutions | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 9625 Blue Grass Place | | Amount 7500.00 |
| City Colorado Springs | State CO | Zip Code 80925 |
| Purpose of Expenditure Media Election Consulting | Category/Type | Transaction ID : SE.4479 Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2014 |
| Name of Federal Candidate CORY GARDNER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought | 57578.84 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7512.97 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

| | | | |
|---|-------------|--|---|
| Full Name of Payee Peak Political Solutions | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 9625 Blue Grass Place | | Amount 7500.00 | |
| City Colorado Springs | State CO | Zip Code 80925 | Transaction ID : SE.4478 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Purpose of Expenditure Media Election Consulting | | Category/ Type | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 87307.42 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Peak Political Solutions [MEMO ITEM] | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 24 / 2014</div> </div> | |
| Mailing Address 9625 Blue Grass Place | | Amount <div> <div>7500.00</div> </div> | |
| City Colorado Springs | State CO | Zip Code 80925 | Transaction ID : SE.5262 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 10 / 2014</div> </div> |
| Purpose of Expenditure Media Election Consulting | | Category/ Type | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>141806.87</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 7500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5272 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought 11130.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5273 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate THOMAS COTTON | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 11130.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 11111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 5555.55 | | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5274 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 | | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 5555.55 | | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5275 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 | | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 11111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature _____

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | | | |
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 10 / 2014 </div> | | |
| Mailing Address PO BOX 49336 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5555.55 </div> | | |
| City State Zip Code COLORADO SPRINGS CO 80494 | | Transaction ID : SE.5276 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 19 / 2014 </div> | | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] </div> | | Name of Federal Candidate WILLIAM CASSIDY | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11130.48 </div> | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 10 / 2014 </div> | | |
| Mailing Address PO BOX 49336 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5555.55 </div> | | |
| City State Zip Code COLORADO SPRINGS CO 80494 | | Transaction ID : SE.5277 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 19 / 2014 </div> | | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] </div> | | Name of Federal Candidate THOM R TILLIS | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11130.48 </div> | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11111.10 </div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] </div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>Mr. KENNETH W. DAVIS JR.</i> Signature </div> <div style="text-align: center;"> <i>[Electronically Filed]</i> Date </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 15 / 2014 </div> </div> </div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5278 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate MARK BEGICH | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought 16686.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5279 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate MARK LUNSFORD PRYOR | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 16686.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 11111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 121
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 10 / 2014</div> </div> | |
| Mailing Address PO BOX 49336 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5555.55</div> | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5280 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div> |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate MARK E UDALL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">21189.52</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ |

| | | | |
|--|-------------|---|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 10 / 2014</div> </div> | |
| Mailing Address PO BOX 49336 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5555.55</div> | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5281 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div> |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate BRUCE L BRALEY | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">16686.04</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">11111.10</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5282 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate MARY L LANDRIEU | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 16686.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5283 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate GARY PETERS | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 11130.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 11111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5284 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate KAY R HAGAN | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 16686.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 5555.55 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5285 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014 |
| Name of Federal Candidate TERRI LYNN LAND | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 16686.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 11111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 14444.66 | | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5317 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | | |
| Calendar Year-To-Date Per Election for Office Sought 31130.69 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 14444.66 | | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5318 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | | |
| Name of Federal Candidate MARK BEGICH | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | | |
| Calendar Year-To-Date Per Election for Office Sought 45575.35 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28889.32 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature _____

Date

MM / DD / YYYY

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 121
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY | |
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | |
| Mailing Address PO BOX 49336 | | Amount 14444.66 | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5320 |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate THOMAS COTTON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 31130.69 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | |
| Mailing Address PO BOX 49336 | | Amount 14444.66 | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5321 |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate MARK LUNSFORD PRYOR | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 45575.35 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 28889.32 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Mr. KENNETH W. DAVIS JR. | | [Electronically Filed] | |
| Signature | | Date MM / DD / YYYY 10 / 15 / 2014 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 82 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|--|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 14444.66 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5322 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate CORY GARDNER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 35634.18 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|---|--|---|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 14444.66 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5323 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate MARK E UDALL | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 50078.84 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28889.32 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | | | |
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 14444.66 | | |
| City COLORADO SPRINGS | | State CO | Zip Code 80494 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Transaction ID : SE.5324 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| 31130.70 | | | | | |
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | | |
| Mailing Address PO BOX 49336 | | | Amount 14444.66 | | |
| City COLORADO SPRINGS | | State CO | Zip Code 80494 | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type | Transaction ID : SE.5325 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | | |
| Name of Federal Candidate BRUCE L BRALEY | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| 45575.36 | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 28889.32 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Mr. KENNETH W. DAVIS JR. _____ Signature </div> <div style="text-align: center;"> [Electronically Filed] </div> <div style="text-align: center;"> Date MM / DD / YYYY 10 / 15 / 2014 </div> </div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 14444.66 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5326 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 31130.69 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 |
| Mailing Address PO BOX 49336 | | Amount 14444.66 |
| City COLORADO SPRINGS | State CO | Zip Code 80494 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Transaction ID : SE.5327 Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 |
| Name of Federal Candidate MARY L LANDRIEU | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 45575.35 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 28889.32 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | | | |
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 16 / 2014</div> </div> | | |
| Mailing Address PO BOX 49336 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14444.66</div> | | |
| City State Zip Code COLORADO SPRINGS CO 80494 | | Transaction ID : SE.5328 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 21 / 2014</div> </div> | | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | Name of Federal Candidate TERRI LYNN LAND | |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31130.69</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |

| | | | | | |
|---|--|--|--|---|--|
| Full Name of Payee PERSON TO PERSON PAC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 16 / 2014</div> </div> | | |
| Mailing Address PO BOX 49336 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14444.66</div> | | |
| City State Zip Code COLORADO SPRINGS CO 80494 | | Transaction ID : SE.5329 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 21 / 2014</div> </div> | | | |
| Purpose of Expenditure National Field Operations Services and Staff | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | Name of Federal Candidate GARY PETERS | |
| <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">45575.35</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">28889.32</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 86 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|---------------|--|---------------------------------|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | |
| Mailing Address PO BOX 49336 | | Amount 14444.66 | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5330 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---------------|--|---------------------------------|
| Full Name of Payee PERSON TO PERSON PAC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014 | |
| Mailing Address PO BOX 49336 | | Amount 14444.66 | |
| City COLORADO SPRINGS | State CO | Zip Code 80494 | Transaction ID : SE.5331 |
| Purpose of Expenditure National Field Operations Services and Staff | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2014 | |
| Name of Federal Candidate KAY R HAGAN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28889.32 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|---|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Hunter Pickels | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 24 / 2014 | | |
| Mailing Address 6536 LaSalle Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3750.00</div> | | |
| City Baton Rouge | | State LA | Zip Code 70806 | | Transaction ID : SE.4498 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 27 / 2014 | |
| Name of Federal Candidate WILLIAM CASSIDY | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">49325.35</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |

| | | | | | |
|--|--|--|--|---|---------------------------------|
| Full Name of Payee Hunter Pickels | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 24 / 2014 | | |
| Mailing Address 6536 LaSalle Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div> | | |
| City Baton Rouge | | State LA | Zip Code 70806 | | Transaction ID : SE.5236 |
| Purpose of Expenditure Media Election Consulting | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2014 | |
| Name of Federal Candidate WILLIAM CASSIDY | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">91330.36</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11250.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature _____

Date

M M / D D / Y Y Y Y Y Y

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 88 OF 121
 FOR LINE 24 OF FORM 3X

| | | | |
|---|---------------|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | |
| Full Name of Payee Hunter Pickels [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | |
| Mailing Address 6536 LaSalle Ave | | Amount 7500.00 | |
| City Baton Rouge | State LA | Zip Code 70806 | Transaction ID : SE.5255 |
| Purpose of Expenditure Media Election Consulting | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Pressman Printing Inc | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 8308 Clifford St | | Amount 394.15 | |
| City Fort Worth | State TX | Zip Code 76108 | Transaction ID : SE.4651 |
| Purpose of Expenditure Printing and Shipping for Door Hangers | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 394.15 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee Pressman Printing Inc | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 8308 Clifford St | | | Amount 1182.43 | | |
| City Fort Worth | State TX | Zip Code 76108 | Transaction ID : SE.4652 | | |
| Purpose of Expenditure Printing and Shipping for Door Hangers | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 | | |
| Name of Federal Candidate THOMAS COTTON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | 104528.35 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee Pressman Printing Inc | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 8308 Clifford St | | | Amount 2956.08 | | |
| City Fort Worth | State TX | Zip Code 76108 | Transaction ID : SE.4653 | | |
| Purpose of Expenditure Printing and Shipping for Door Hangers | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 | | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | | |
| Calendar Year-To-Date Per Election for Office Sought | | 121806.87 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 4138.51 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

Signature

[Electronically Filed]

Date
 MM / DD / YYYY
 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee Pressman Printing Inc | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 8308 Clifford St | | Amount 1970.72 |
| City Fort Worth | State TX | Zip Code 76108 |
| Purpose of Expenditure Printing and Shipping for Door Hangers | Category/Type | Transaction ID : SE.4654 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 |
| Name of Federal Candidate JONI K ERNST | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought 119757.15 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee Pressman Printing Inc | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 8308 Clifford St | | Amount 2167.80 |
| City Fort Worth | State TX | Zip Code 76108 |
| Purpose of Expenditure Printing and Shipping for Door Hangers | Category/Type | Transaction ID : SE.4655 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 109409.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 4138.52 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|---|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Pressman Printing Inc | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div> | | |
| Mailing Address 8308 Clifford St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6503.38</div> | | |
| City Fort Worth | | State TX | Zip Code 76108 | | Transaction ID : SE.4656 |
| Purpose of Expenditure Printing and Shipping for Door Hangers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div> | |
| Name of Federal Candidate TERRI LYNN LAND | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">143516.43</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |
| Full Name of Payee Pressman Printing Inc | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div> | | |
| Mailing Address 8308 Clifford St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4532.66</div> | | |
| City Fort Worth | | State TX | Zip Code 76108 | | Transaction ID : SE.4657 |
| Purpose of Expenditure Printing and Shipping for Door Hangers | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div> | |
| Name of Federal Candidate THOM R TILLIS | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">131110.94</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11036.04</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 121
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| Full Name of Payee Red State Productions | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 | | |
| Mailing Address 1629 K St NW Ste 300 | | | Amount 7142.86 | | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : SE.5350 | | |
| Purpose of Expenditure Voter Rally | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 | | |
| Name of Federal Candidate DAN SULLIVAN | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| Full Name of Payee Red State Productions | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 | | |
| Mailing Address 1629 K St NW Ste 300 | | | Amount 7142.86 | | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : SE.5352 | | |
| Purpose of Expenditure Voter Rally | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 | | |
| Name of Federal Candidate DAN SULLIVAN | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 14285.72 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Red State Productions | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 | | |
| Mailing Address 1629 K St NW Ste 300 | | | Amount 14285.72 | | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : SE.5354 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 | | |
| Purpose of Expenditure Voter Rally | | Category/ Type | | | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | 118336.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |

| | | |
|--|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 28571.44 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|---------------|--|
| Full Name of Payee Red State Productions | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 |
| Mailing Address 1629 K St NW Ste 300 | | Amount 14285.72 |
| City Washington | State DC | Zip Code 20006 |
| Purpose of Expenditure Voter Rally | Category/Type | Transaction ID : SE.5355 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 |
| Name of Federal Candidate JONI K ERNST | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---------------|--|
| Full Name of Payee Red State Productions | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 |
| Mailing Address 1629 K St NW Ste 300 | | Amount 14285.72 |
| City Washington | State DC | Zip Code 20006 |
| Purpose of Expenditure Voter Rally | Category/Type | Transaction ID : SE.5356 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28571.44 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 121
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Red State Productions | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 | |
| Mailing Address 1629 K St NW Ste 300 | | Amount 14285.72 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : SE.5357 |
| Purpose of Expenditure Voter Rally | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Red State Productions | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014 | |
| Mailing Address 1629 K St NW Ste 300 | | Amount 14285.71 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : SE.5358 |
| Purpose of Expenditure Voter Rally | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28571.43 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|--|---|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | MM / DD / YYYY | |
| Full Name of Payee Ryan Rhodes | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 537 28th St | | Amount 7500.00 | | |
| City West Des Moines | State IA | Zip Code 50265 | Transaction ID : SE.4470 | |
| Purpose of Expenditure Media Election Consulting | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | 53075.36 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Ryan Rhodes | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 | | |
| Mailing Address 537 28th St | | Amount 7500.00 | | |
| City West Des Moines | State IA | Zip Code 50265 | Transaction ID : SE.4471 | |
| Purpose of Expenditure Media Election Consulting | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | 80170.59 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 15000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. | | [Electronically Filed] | | Date |
| Signature | | | | MM / DD / YYYY 10 / 15 / 2014 |

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4471

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949508 filed on 8/30/2014.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 121
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|-------------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Ryan Rhodes [MEMO ITEM] | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2014 | |
| Mailing Address 537 28th St | | Amount 7500.00 | |
| City West Des Moines | State IA | Zip Code 50265 | Transaction ID : SE.5256 |
| Purpose of Expenditure Media Election Consulting | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 | |
| Name of Federal Candidate JONI K ERNST | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought 142614.15 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Sperry Van Ness/ArkBest Realty Inc. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2014 | |
| Mailing Address 724 Garland St | | Amount 3406.00 | |
| City Little Rock | State AR | Zip Code 72201 | Transaction ID : SE.4487 |
| Purpose of Expenditure Office Space Rental | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2014 | |
| Name of Federal Candidate THOMAS COTTON | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: _____ State: AR |
| Calendar Year-To-Date Per Election for Office Sought 56481.35 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 3406.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Mr. KENNETH W. DAVIS JR. | | [Electronically Filed] | |
| Signature | | Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 | |

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.5256

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949508 filed on 8/30/2014.

Form/Schedule:

Transaction ID:

| | | | |
|---|-------------|---|---|
| Full Name of Payee Staples | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div> | |
| Mailing Address 500 Staples Dr | | Amount <div> <div>Amount</div> <div>1036.40</div> </div> | |
| City Farmingham | State MA | Zip Code 01702 | Transaction ID : SE.4597 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div> |
| Purpose of Expenditure Supplies for Phone Centers | | Category/ Type | |
| Name of Federal Candidate THOMAS COTTON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>Amount</div> <div>88594.19</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 2102.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

| | | | |
|---|-------------|---|---|
| Full Name of Payee Staples | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div> | |
| Mailing Address 500 Staples Dr | | Amount <div> <div>1106.46</div> </div> | |
| City Farmingham | State MA | Zip Code 01702 | Transaction ID : SE.5003 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div> |
| Purpose of Expenditure Supplies for Phone Centers | | Category/ Type | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>102429.91</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2146.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-------------------|--|
| Full Name of Payee Staples | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 |
| Mailing Address 500 Staples Dr | | Amount 391.03 |
| City Farmingham | State MA | Zip Code 01702 |
| Purpose of Expenditure Supplies for Phone Centers | Category/ Type | Transaction ID : SE.4598 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014 |
| Name of Federal Candidate CORY GARDNER | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-------------------|--|
| Full Name of Payee Staples | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 |
| Mailing Address 500 Staples Dr | | Amount 785.72 |
| City Farmingham | State MA | Zip Code 01702 |
| Purpose of Expenditure Supplies for Phone Centers | Category/ Type | Transaction ID : SE.4599 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014 |
| Name of Federal Candidate JONI K ERNST | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1176.75 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee Staples | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 18 / 2014</div> | |
| Mailing Address 500 Staples Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">545.07</div> | |
| City Farmingham | State MA | Zip Code 01702 | Transaction ID : SE.4602 |
| Purpose of Expenditure Supplies for Phone Centers | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 11 / 2014</div> | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 28 / 2014</div> | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div> | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4563 |
| Purpose of Expenditure Advertising Services and Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 05 / 2014</div> | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15545.07</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 MM / DD / YYYY

10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | MM / DD / YYYY | |
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 15000.00 | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4564 | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | |
| Calendar Year-To-Date Per Election for Office Sought | | 74203.93 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 15000.00 | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4565 | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate THOMAS COTTON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | 85909.93 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 30000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. Signature | | | | |
| [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 121
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|---------------|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 15000.00 |
| City San Jose | State CA | Zip Code 95128 |
| Purpose of Expenditure Advertising Services and Production | Category/Type | Transaction ID : SE.4566 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate CORY GARDNER | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 102307.42 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---------------|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 15000.00 |
| City San Jose | State CA | Zip Code 95128 |
| Purpose of Expenditure Advertising Services and Production | Category/Type | Transaction ID : SE.4567 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 77753.93 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 30000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 106 OF 121
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | |
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount 15000.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4568 | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | 120503.93 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount 15000.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4569 | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 | |
| Name of Federal Candidate STEVEN DAINES | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT | |
| Calendar Year-To-Date Per Election for Office Sought | | 15000.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 30000.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Mr. KENNETH W. DAVIS JR. Signature _____ | | | | |
| [Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014 | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 15000.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4570 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 109351.05 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 2857.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4996 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | 101970.53 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 17857.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 121
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div> | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2857.00</div> | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4997 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Name of Federal Candidate THOMAS COTTON | | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div> | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2857.00</div> | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4998 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type | Name of Federal Candidate CORY GARDNER | | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5714.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 121
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563064</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">18</div><div style="border: 1px solid black; padding: 2px;">2014</div></div> | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2857.00</div> | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4999 | | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type <div style="border: 1px solid black; padding: 2px;"></div> | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">19</div><div style="border: 1px solid black; padding: 2px;">2014</div></div> | | |
| Name of Federal Candidate JONI K ERNST | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">122614.15</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">18</div><div style="border: 1px solid black; padding: 2px;">2014</div></div> | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2857.00</div> | | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.5000 | | |
| Purpose of Expenditure Advertising Services and Production | | Category/ Type <div style="border: 1px solid black; padding: 2px;"></div> | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">19</div><div style="border: 1px solid black; padding: 2px;">2014</div></div> | | |
| Name of Federal Candidate WILLIAM CASSIDY | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">112266.58</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">5714.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

10

15

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|-------------------|---|---------------------------------|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 2857.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.5001 |
| Purpose of Expenditure Advertising Services and Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|---|---------------------------------|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 2858.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.5002 |
| Purpose of Expenditure Advertising Services and Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 5715.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div> | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</div> | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4988 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div> |
| Purpose of Expenditure Advertising Services and Production | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate DAN SULLIVAN | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">114470.53</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div> | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</div> | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4989 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div> |
| Purpose of Expenditure Advertising Services and Production | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate THOMAS COTTON | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">117028.35</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 12500.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4990 |
| Purpose of Expenditure Advertising Services and Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014 | |
| Name of Federal Candidate CORY GARDNER | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 12500.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4991 |
| Purpose of Expenditure Advertising Services and Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 25000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|---------------------------------|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 18 / 2014 | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12500.00</div> | | |
| City San Jose | | State CA | Zip Code 95128 | | Transaction ID : SE.4992 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 22 / 2014 | |
| Name of Federal Candidate WILLIAM CASSIDY | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">124766.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Strategic Media 21 | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 18 / 2014 | | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12500.00</div> | | |
| City San Jose | | State CA | Zip Code 95128 | | Transaction ID : SE.4993 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 22 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MI</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">158873.43</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25000.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 15 / 2014 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 12500.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4994 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014 |
| Name of Federal Candidate STEVEN DAINES | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT |
| Calendar Year-To-Date Per Election for Office Sought | | 27500.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Strategic Media 21 | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014 | |
| Mailing Address 560 S. Winchester Blvd Ste 500 | | Amount 12500.00 | |
| City San Jose | State CA | Zip Code 95128 | Transaction ID : SE.4995 |
| Purpose of Expenditure Advertising Services and Production | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014 |
| Name of Federal Candidate THOM R TILLIS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 133968.94 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 25000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|--|--|
| Full Name of Payee Switch Consulting Group | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 212 E Madison St | | Amount 3300.00 |
| City Colorado Springs | State CO | Zip Code 80907 |
| Purpose of Expenditure Office Space Rental | Category/Type | Transaction ID : SE.4480 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014 |
| Name of Federal Candidate CORY GARDNER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 60878.84 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee The Political Network | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 225 East 85th St Ste 306 | | Amount 4503.51 |
| City New York | State NY | Zip Code 10028 |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | Category/Type | Transaction ID : SE.4456 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 |
| Name of Federal Candidate THOM R TILLIS | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 4503.51 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 7803.51 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee The Political Network | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 24 / 2014</div> | |
| Mailing Address 225 East 85th St Ste 306 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4503.51</div> | |
| City New York | State NY | Zip Code 10028 | Transaction ID : SE.4467 |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 12 / 2014</div> |
| Name of Federal Candidate TERRI LYNN LAND | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5574.93</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee The Political Network | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 24 / 2014</div> | |
| Mailing Address 225 East 85th St Ste 306 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4503.51</div> | |
| City New York | State NY | Zip Code 10028 | Transaction ID : SE.4473 |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 12 / 2014</div> |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4503.51</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9007.02</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 121
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee The Political Network | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 24 / 2014</div> | | |
| Mailing Address 225 East 85th St Ste 306 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">9007.00</div> | | |
| City New York | | State NY | Zip Code 10028 | | |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | Transaction ID : SE.4481 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 12 / 2014</div> | | |
| Name of Federal Candidate CORY GARDNER | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">10078.42</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee The Political Network | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 24 / 2014</div> | | |
| Mailing Address 225 East 85th St Ste 306 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">4503.51</div> | | |
| City New York | | State NY | Zip Code 10028 | | |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | Transaction ID : SE.4488 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 12 / 2014</div> | | |
| Name of Federal Candidate THOMAS COTTON | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">5574.93</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">13510.51</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Mr. KENNETH W. DAVIS JR. _____ Signature | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 15 / 2014</div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|-------------|---|
| Full Name of Payee The Political Network | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 225 East 85th St Ste 306 | | Amount 4503.51 |
| City New York | State NY | Zip Code 10028 |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Transaction ID : SE.4493 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 |
| Name of Federal Candidate WILLIAM CASSIDY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|-------------|---|
| Full Name of Payee The Political Network | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 225 East 85th St Ste 306 | | Amount 4503.51 |
| City New York | State NY | Zip Code 10028 |
| Purpose of Expenditure Telecommunications Services and Equipment Rental | | Transaction ID : SE.4500 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014 |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 9007.02 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 121
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

FEC IDENTIFICATION NUMBER ▼

C C00563064

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee

Walmart

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
09 / 18 / 2014

Mailing Address

702 SW 8th St

Amount

285.08

City

Bentonville

State

AR

Zip Code

72716

Transaction ID : SE.5004

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
09 / 11 / 2014

Purpose of Expenditure

Supplies for Phone Centers

Category/
Type

Name of Federal Candidate

JONI K ERNST

☒ Support
☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: IA

Calendar Year-To-Date
Per Election for Office Sought

117786.43

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶ _____

Full Name of Payee

Jebb Young

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
08 / 24 / 2014

Mailing Address

4200 Calion Hwy

Amount

7500.00

City

El Dorado

State

AR

Zip Code

71730

Transaction ID : SE.4486

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
08 / 22 / 2014

Purpose of Expenditure

Media Election Consulting

Category/
Type

Name of Federal Candidate

THOMAS COTTON

☒ Support
☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: AR

Calendar Year-To-Date
Per Election for Office Sought

53075.35

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

7785.08

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 120 OF 121
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|--|
| Full Name of Payee Jebb Young | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 4200 Calion Hwy | | Amount 7500.00 |
| City El Dorado | State AR | Zip Code 71730 |
| Purpose of Expenditure Media Election Consulting | Category/Type | Transaction ID : SE.4484 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014 |
| Name of Federal Candidate THOMAS COTTON | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 70909.93 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|--|--|
| Full Name of Payee Jebb Young [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014 |
| Mailing Address 4200 Calion Hwy | | Amount 7500.00 |
| City El Dorado | State AR | Zip Code 71730 |
| Purpose of Expenditure Media Election Consulting | Category/Type | Transaction ID : SE.5259 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014 |
| Name of Federal Candidate THOMAS COTTON | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 124528.35 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 7500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | 964242.85 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4484

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949509 filed 8/30/2014,

Form/Schedule: SE

Transaction ID: SE.5259

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949509 filed 8/30/2014,